ST. MARIES JOINT SCHOOL DISTRICT NO. 41
2026-2027 Sports Season Medical Release/Emergency Contact

❑UpRiver School ❑St. Maries Middle School ❑St. Maries High School

Legal Name: _____ Grade:
Last First Middle
Primary Language Spoken in the Home:
Preferred Name: _____
(If different from above)
County of Residence:
❑Benewah ❑Shoshone
Date of Birth: _____ Place of Birth: _____ ❑Kootenai ❑Other

❑Male ❑Female | Student's E-Mail Address: _____ | Student's Home Phone: _____ | Student's Cell Phone: _____ | Student resides with:

Mother's Name: _____ ❑Natural ❑Step

Address: _____ Home Phone: _____
City State Zip Cell: _____

Father's Name: _____ ❑Natural ❑Step

Address: _____ Primary Phone: _____
City State Zip

EMERGENCY INFORMATION

In the event a parent cannot be reached, please list below ***local*** relatives or friends the school office may contact to release your student to in case of illness, injury or school emergency:

First Emergency Contact: _____ Phone: _____

Relationship to Student: _____ Work Phone: _____

Second Emergency Contact: _____ Phone: _____

Relationship to Student: _____ Work Phone: _____

If my student becomes seriously injured or becomes ill at school or at a school activity and none of the emergency contact persons named above can be reached, I give my permission for school personnel to:

Transport my student to the local medical facility: ❑Yes ❑No

Call an ambulance and have my student transported to the nearest medical facility: ❑Yes ❑No

I give St. Maries Family Medicine and Benewah Community Hospital and their doctors and associates authorization to perform diagnostic evaluations, treat, administer drugs, and whatever else is deemed necessary to stabilize my student until I can be contacted. Should my student be brought to the Emergency Room, I hereby authorize any of the licensed medical staff to treat my student without further authorization. This authorization extends to all procedures, medical or surgical.

In the event that Dr. _____ cannot be reached, I specifically authorize any of the medical personnel at St. Maries Family Medicine and/or Benewah Community Hospital to select another physician to treat my student.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE

Throughout the year, the media, School District web page, and video productions may have need to present various aspects of the District's schools to the public through a variety of media which could include newsprint, the School District web page, Facebook, and videos produced by the district. As part of this media coverage, photographs and names of students are often requested to be published. Please check the appropriate box to indicate whether your student may participate in media coverage that may identify your student by photograph and/or name:

❑Yes, my student may participate in media coverage. ❑No, my student may not participate in media coverage.

Parent/Guardian Signature: Date: